FORM R

DUE DATE: APRIL 15 or the 15th day the 4thMonth Following Fiscal Year End

ROCKFORD VILLAGE INCOME TAX RETURN

FILING MAY BE REQUIRED EVEN IF NO TAX IS DUE

Calendar Year 200 ____ or Fiscal Year End ______, 200___

File Form "R" with: Rockford Income Tax Office PO Box 494, 105 N Main St. Rockford, Ohio 45882-0494 Phone 419-363-3034 Fax 419-363-2906

	SOC. SEC. NO					
		SOC. SEC. NO SOC. SEC. NO Employer ID # Telephone # ()				
			t Non Resident _	Part Year Res.		
SECTION A W-2 WAGES Employer's Name	(Col A) Medicare Wages & Tip W-2 Form - Box 5	From (Col B) S Rockford Village Income Tax Withheld	(Col C) Other Ohio City Tax W/H (Not More than	(Col D) Indiana County Ta: W/H (Not More Tha		
			Col A x .005)	Col D x .0025)		
			\$			
Line 1 TOTAL ALL COLUMNS	<u></u>	\$	<u> </u>	<u> </u>		
1.TOTAL WAGES (If no other taxable income	go to Line 4)		ine 1A Total \$			
2 (A) BUSINESS INCOME from SECTION "E" on bac	ж,		2 \$			
2 (B) RENTAL INCOME from SECTION "E" on back			2 \$			
3. ADJUSTMENT FROM SCHEDULE X		······································	3 \$			
4. TOTAL INCOME (Line1 + Line 2(A)+ Line 2(B) +/- Li	ne 3)	***************************************	4 \$	······································		
5. AMOUNT ALLOCABLE TO ROCKFORD (if Schedu	le Y-is used)% F	rom Back	5 \$			
3. TOTAL TAX(1.00% X LINE 4 OR LINE 5 IF USE	Ξ Φ)		6 \$			
7, TAX CREDITS7-A. Rockford Tax	Withheld From (Line 1B)	7-A \$				
7-B Other City Tax	Withheld From (Line 1C)	7-В\$				
7-C Local Indiana	Tax Withheld From (Line 1D)	.,7-C \$				
7.D. Estimates and	Credit From Prior Year	7-D \$				
7-E. Total Credits A	Available (Line 7A +7B+7C +7D)	14,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 \$			
3. TAX DUE (Line 5 - Line 7E)		***************************************	8\$			
9. PENALTY \$ INTEREST \$	LATE FEE \$5.00		9\$			
10. TOTAL AMOUNT DUE (Make Check Payable To	Rockford Tax Administrato	r)No payment due if less	than \$1.0010 \$	"		
11. IF OVERPAYMENT: CREDIT TO NEXT YEAR \$_						
SECTION B QUESTIONS REQUIRED 1. Did you pay rent to any person or entity for property		No (if yes, Complete	SECTION "R" on ba	ck of this form)		
Did you pay any person or other entity (other than er any type project located within the Village of Rockfor	mployees reported on W-2 Forms rd?Yes No (If yes,) \$2,000.00 or more for ser Complete SECTION "S" on	vices, labor and relat back of this form)	ed materials for		
3. Is ALL of your income from Retirement Plans, IRA a	ccounts, Social Security, Interest	& Dividends? Yes	No (If YES, Sign	and Return Form)		
IMPORTANT The undersigned declares that the the taxable period stated and that the figures ordinance requirements for local tax purposes	used herein are the same as us	•	•			
TAXPAYER SIGNATURE	DATE TAX P	REPARER SIGNATURE				
SPOUSE SIGNATURE	DATE PRIN	T TAX PREPARER'S NAME, ADDR	ESS & PHONE #	······································		

SECTION E INCOME OTHER THAN WAGES

List all income below as reported to the IRS and Attach a copy of IRS schedules

ROSINESS INCOME SUB LOSSES		KENTAL INCOME BITCH COSSES		
SCHEDULE C\$		SCHEDULE E\$		
BUSINESS PARTNERSHIPS\$	K-1 RENTAL ITEMS	K-1 RENTAL ITEMS\$		
SCHEDULE F	FORM 4835 FARM RENTA	FORM 4835 FARM RENTALS		
FARM PARTNERSHIP\$	OTHER PASSIVE ACTIVIT	OTHER PASSIVE ACTIVITYS		
FORM 1099 MISC\$	TOTAL	\$		
OTHER\$		E 28 on FRONT)		
TOTAL \$	****	SS - ENTER \$0.00)		
	(IF TOTALISA LC	/00 - ERIER 90.00)		
(CARRY TOTAL TO LINE 2A on FRONT)	<u> </u>			
IF a deduction is claimed for "commissions" or "contract amounts paid must be attached. Also, total paid amount IF a deduction for "RENT PAID" is claimed, please attached amount allocated to Rockford must be clearly shown.	nt and amount allocated to Rockford r	must be clearly shown.		
SECTION R RENTS PAID (Attach Additional Pages IF	Necessary)			
NAMEADD	RESS	Amour	it PAID \$	
NAMEADD				
NAME ADD				
SECTION C SEDVICES DAID (Attack Additional Process	- IT Noconson			
SECTION S SERVICES PAID (Attach Additional Pages NAMEADDRESS	•	Amaiint DAIR &		
	•	·		
NAMEADDRESSADDRESS				
		Amount PAID \$		
ADD ITEMS NOT DEDUCTABLE Capital losses deducted	Q. Interest earned or acci P. Income from patents a Q. Other income exempt R. Jobs Credit S. Other Items T. TOTAL DEDUCTIONS	ruednd copyrightsfrom City Tax (explain)	\$\$ \$\$ \$\$	
	(Carry Net Adjustment Ar	mount To line 3 on front l	Page)	
SCHEDULE Y BUSINESS ALLOCATION FORMUL STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERSONAL PRO	Everywhere	b. Located in Rockford \$	Percentage Divide (b / a)	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	\$	\$		
TOTAL STEP 1	\$	\$	%	
STEP 2. GROSS RECEIPTS FROM SALES MADE and/or				
WORK OR SERVICES PERFORMED	_{1,1,1} ,\$	\$	%	
	***************************************	\$ \$		
WORK OR SERVICES PERFORMED STEP 3. WAGES, SALARIES, and OTHER COMPENSATION PAID STEP 4. TOTAL the PERCENTAGES	\$		<u> </u>	